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FAX COVER LETTER

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TO: EXAMINER M.J. YIGDALL

FROM: Christopher C. Winslade

DATE: September 6, 2005

FACSIMILE NUMBER: 571 273 8300

CHARGE: 1917 - 14319US02

Number of Pages This Transmission (Including Cover Page) 17

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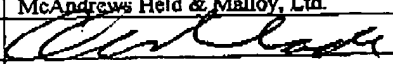
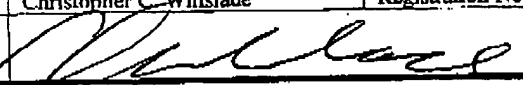
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PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number		10/701,848	
		Filing Date		November 5, 2003	
		First Named Inventor		Rao	
		Art Unit		2192	
		Examiner Name		M.J. Yigdall	
Total Number of Pages in This Submission		16	Attorney Docket Number		14319US02
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Advisory Action <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination	
Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm	McAndrews Held & Malloy, Ltd.				
Signature					
Printed Name	Christopher C. Winslade				
Date	September 6, 2005				
CERTIFICATE OF FAX TRANSMITTAL					
I hereby certify that this correspondence is being sent via facsimile to Examiner M.J. Yigdall at the United States Patent and Trademark Office, fax No. 571 273 8300, on September 6, 2005.					
Name (Print/type)	Christopher C. Winslade	Registration No. (Attorney/Agent)	36,308		
Signature			Date	September 6, 2005	

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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

Complete if Known

Application Number	10/701,846
Filing Date	November 5, 2003
First Named Inventor	Rao
Examiner Name	M.J. Yigdal
Art Unit	2192
Attorney Docket No.	14318US02

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☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 455

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy
 For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s)
 ☒ Credit any overpayments

under 37 CFR 1.18 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____

-20 or HP _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims _____ **Extra Claims** _____ **Fee(\$)** _____ **Fee Paid (\$)** _____

-3 or HP _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee _____ **Fee Paid (\$)** _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	_____ (round up to a whole number)	x _____	= _____


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE \$395; 1-mo. ext of time \$60

455

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,308	Telephone	(312)775-8000	
Name (print/type)	Christopher C. Winslade	Date	September 6, 2005			